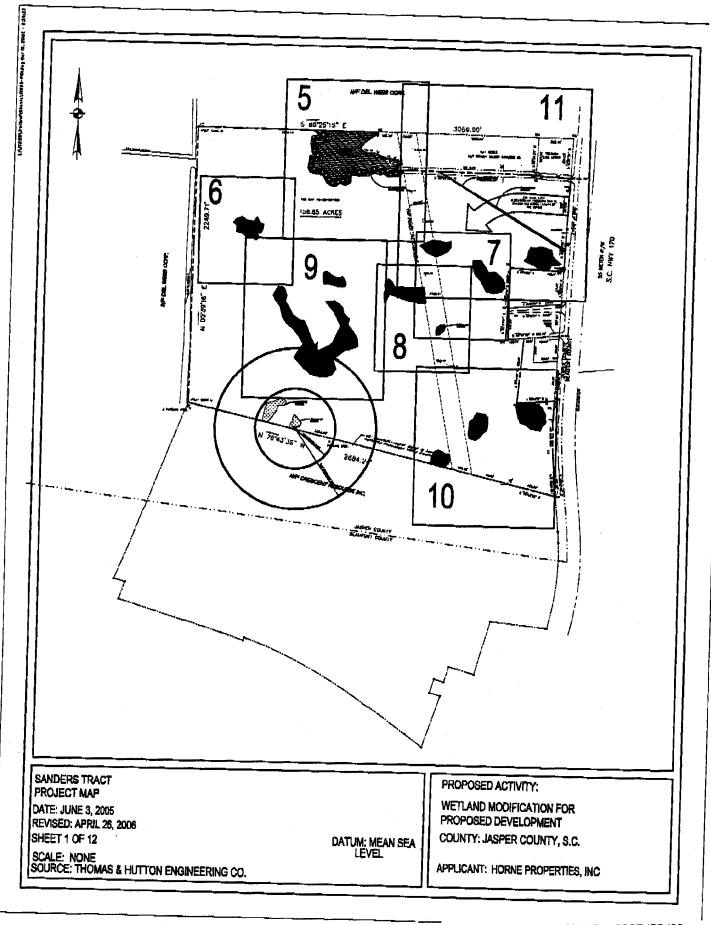
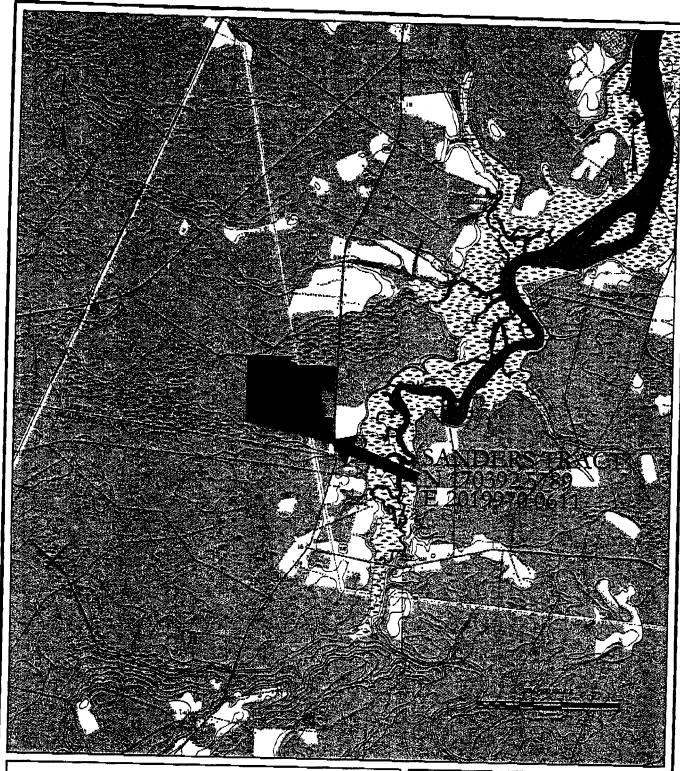


## STANDARD APPLICATION FORM FOR LAND DISTURBING ACTIVITIES STORMWATER PERMITTING

## 10:28107 SECTION 1 - Administrative Information (To Be Completed By All Applicants) PN: 27-06-05-01 APRIL 26, 2006 Dete: SANDERS TRACT CLEARING Facility or project name: JASPER County: N/A City/Town: SC HWY 170, APPROX, 1 MILE NORTH OF SC HWY 278 Location (also shown on location map): Latitude: 32D 18' 28 36" Tax map #: 79-00-00-001 Longitude: 80D 56' 6.72" USGS Quad Name: JASPER **OKATIE RIVER** 2 Nearest receiving water body: Distance to nearest receiving water body: 1700 FEET Ultimate receiving water body: Atlantic Ocean Ultimate receiving water body: \_ Are there any wetlands located on the property? YES Are there any wetlands located on the property? YES If yes, have they been delineated? YES Are any federally jurisdictional wetlands being impacted by this project? NO If yes, has a Corps permit been issued? N/A Corps permit #: Are any federally non-jurisdictional (state) wetlands being impacted by this project? YES What is the total acreage of federally jurisdictional and state wetland impacts? N/A (Juris.) 9.172 (Non-juris.) \_ (Non-juris.) On an 8 1/2" X 11" copy of a site plan indicate the wetland impacts and the proposed mitigation. 4. Are there any existing flooding problems in the downstream watershed? \_\_\_ Property owner of record: Douglas & Associates, L.L.C. Address: 412 N. Cedar Bluff Road Suite 205, Knoxville, Tennessee 37923-3609 5. Phone (day): (865) 560-1100 (fax): (865) 560-1180 (night): Person financially responsible for the land disturbing activity: \_\_\_\_SAME AS ABOVE (if different than above) Address: Phone (day): (night): Agent or day-to-day contact (if applicable): Address: Phone (day): (night): Plan preparer, engineer, or technical representative: Nicholas D. Stanley, P.E. Address: 50 Park of Commerce Way, Savannah, GA 31405 Phone (day): 912 234-5300 (night): 912 234-5300 ( (fax): 912 234-2950 Contractor or operator (if known): Address: Phone (day): (fax): 10. Size, total (acres): 158.8 AC. Surface area of land disturbance (acres): 143 AC. Completion date: \_\_\_\_\_12/2006 11. Start date: 6/2006 SECTION 2A - For Projects That Disturb Less Than One (1) Acre Which Are Not Part of a Larger Common Plan for Development or Sale and Which Are Not Located Within 1/2 Mile of a Receiving Waterbody in the Coastal Counties 12. Description of control plan to be used during construction. (Must also be shown on plan sheets or sketch drawing): This plan does not have to be prepared by a professional engineer, tier b surveyor, or a improve to be prepared by a professional engineer. NO STATE REVIEW FEE associated with this type of project. On a case-by-case basis, a fee may be required. For this form to be complete, the applicant must sign item 23. MAY 0 2 2006 <del>DHEC-OCRM</del> DHEC 3306 (08/2003) BEAUFORT OFFICE

	Description of control plan to be used during construction. (I N/A	Must also be shown on plan sheets or sketch drawing);
	This plan must be prepared by a professional angineer, tier	b land surveyor, or a landscape architect
5.	Fee: \$125 NPDES General Permit coverage fee applies, ex	empt from state review fee.
6.	SIC code: is the site located on	Indian lands?
7.	For this form to be complete, the applicant must sign items 2	23 and 24 and the plan preparer must sign item 25.
EC lar	TION 2C - For Projects Disturbing More Than Two (2) Acres to Development or Sale	es and/or Projects That Are a Part of a Larger Common
₿.	is this part of a larger common plan for development or sale?	NO
	If yes, what is the state permit number for the previous approva	I?N/A
	What is the NPDES parmit coverage number? N/A  Has a Notice of Termination (NOT) been submitted for the NPD	DES permit coverage? N/A
9,	The stormwater management and sediment and erosion control engineer, ser b land surveyor, or a landscape architect.	I plan for projects of this size must be prepared by a professional
).	SIC code: 1542 Is the site located on	Indian lends? NO NO
	Type of project and fees (please circle the type of activity);	
•	a. Federal - State - Local - School (exempt from State fees, \$125 NPDES fee applies):  b. Industrial - Commercial - Residential - Part of a larger common plan for development or sale [\$100 per disturbed acre State fee (max. \$2000)] plus \$125 NPDES fee. (Maximum total for any project is \$2125):  \$2,125	
<u>.</u>	For this form to be complete, the applicant must sign items 23 a	and 24 and the plan preparer must sign item 25.
2. EC	For this form to be complete, the applicant must sign items 23 a TION 3 - Signatures and Certifications	and 24 and the plan preparer must sign item 25.
E¢'		clated activity pertaining to this site shall be accomplished the approved plans. I also certify that a responsible person by grant authorization to the Department of Health and the right of access to the site at all times for the purpose of
E¢'	I hereby certify that all land disturbing construction and assorpursuant to and in keeping with the terms and conditions of the will be assigned to the project for day-to-day control. I herebe Environmental Control and/or the local implementing agency on site inspections during the course of construction and to put the land disturbing activity.	clated activity pertaining to this site shall be accomplished the approved plans. I also certify that a responsible person by grant authorization to the Department of Health and the right of access to the site at all times for the purpose of perform maintenance inspections following the completion of
	TION 3 - Signatures and Certifications  I hereby certify that all land disturbing construction and assorpursuant to and in keeping with the terms and conditions of the will be assigned to the project for day-to-day control. I hereby Environmental Control and/or the local implementing agency on site inspections during the course of construction and to provide the course of construction and assorption to the course of construction and constr	clated activity pertaining to this site shall be accomplished the approved plans. I also certify that a responsible person by grant authorization to the Department of Health and the right of access to the site at all times for the purpose of perform maintenance inspections following the completion of
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C'	I hereby certify that all land disturbing construction and assorpursuant to and in keeping with the terms and conditions of the will be assigned to the project for day-to-day control. I herebenvironmental Control and/or the local implementing agency on site inspections during the course of construction and to pithe land disturbing activity.  DDUCLAS AND ASSOCIACS III C.  Printed Name Owner/Person Financially Responsible  I certify under penalty of law that I have personally examined application and all attachments and that, based on my inquiry information contained in the application, I believe that the Information contained in the application, I believe that the Information contained in the application, I believe that the Information contained in the application, I believe that the Information contained in the application, I believe that the Information contained in the application, I believe that the Information contained in the application, I believe that the Information contained in the application, I believe that the Information contained in the application, I believe that the Information contained in the application, I believe that the Information contained in the application, I believe that the Information contained in the application, I believe that the Information contained in the application, I believe that the Information contained in the Informa	clated activity pertaining to this site shall be accomplished the approved plans. I also certify that a responsible person by grant authorization to the Department of Health and the right of access to the site at all times for the purpose of perform maintenance inspections following the completion of Signature Owner/Person Financially Responsible of this sy of those persons immediately responsible for obtaining the primation is true, accurate and complete. I am aware that the uting the possibility of fine and imprisonment.
EC'	I hereby certify that all land disturbing construction and associations to and in keeping with the terms and conditions of the will be assigned to the project for day-to-day control. I herebe Environmental Control and/or the local implementing agency on site inspections during the course of construction and to pithe land disturbing activity.  DDUCLAS AND ASSOCIACES LL C.  Printed Name Owner/Person Financially Responsible I certify under penalty of law that I have personally examined application and all attachments and that, based on my inquiry information contained in the application. I believe that the Information penalties for submitting false information, included.	clated activity pertaining to this site shall be accomplished the approved plans. I also certify that a responsible person by grant authorization to the Department of Health and the right of access to the site at all times for the purpose of perform maintenance inspections following the completion of Signature Owner/Person Financially Responsible of this sy of those persons immediately responsible for obtaining the primation is true, accurate and complete. I am aware that the uting the possibility of fine and imprisonment.
C'	I hereby certify that all lend disturbing construction and assorpursuant to and in keeping with the terms and conditions of twill be assigned to the project for day-to-day control. I hereb Environmental Control and/or the local implementing agency on site Inspections during the course of construction and to pithe land disturbing activity.  DDUCLAS AND ASSOCIACES LLC Printed Name Owner/Person Financially Responsible  I certify under penalty of law that I have personally examined application and all attachments and that based on my inquiry information contained in the application. I believe that the Information contained in the application, I believe that the Information contained in the spolication and all attachments and that based on my inquiry information contained in the application, I believe that the Information penalties for submitting false information, Including SILAS AND ASSOCIATES LLC.  Printed Name	clated activity pertaining to this site shall be accomplished the approved plans. I also certify that a responsible person by grant authorization to the Department of Health and the right of access to the site at all times for the purpose of perform maintenance inspections following the completion of Signature Owner/Person Financially Responsible for obtaining the persons immediately responsible for obtaining the persons it true, accurate and complete. I am sware that the adding the possibility of fine and imprisonment.  Signature Owner/Person Financially Responsible one and supporting calculations, forms, and reports are a placed my signature and seal on the design documents of the system. Further, I certify to the best of my knowledge of Title 48, Chapter 14 of the Code of Laws of SC, 1976 as lans are required for final approval.)
ic'	I hereby certify that all lend disturbing construction and associated pursuant to and in keeping with the terms and conditions of the will be assigned to the project for day-to-day control. I hereby certify the control and/or the local implementing agency on site inspections during the course of construction and to provide the land disturbing activity.  The LAS AND ASSOCIATES LLC Printed Name Owner/Person Financially Responsible  I certify under penalty of law that I have personally examined application and all attachments and that, based on my inquiry information contained in the application. I believe that the information contained in the application, I believe that the information contained in the application, I believe that the information contained in the application, I believe that the information penalties for submitting false information, Included the contained where the contained and made a part of this application. I have submitted signifying that I accept responsibility for the design and belief that the design is consistent with the requirements.	clated activity pertaining to this site shall be accomplished the approved plans. I also certify that a responsible person by grant authorization to the Department of Health and the right of access to the site at all times for the purpose of perform maintenance inspections following the completion of Signature Owner/Person Financially Responsible for obtaining the portain is true, accurate and complete. I am aware that the ording the possibility of fine and imprisonment.  Signature Owner/Person Financially Responsible ones and supporting calculations, forms, and reports are a placed my signature and seal on the design documents of the system. Further, I certify to the best of my knowledge of Title 48, Chapter 14 of the Code of Laws of SC. 1976 as





## SANDERS TRACT

DATE: APRIL 27, 2006 SCALE: 1" = 3000+/-SHEET 1 OF 1

SOURCE: THOMAS & HUTTON ENGINEERING CO.

PROPOSED ACTIVITY:

COUNTY:
BEAUFORT, SOUTH CAROLINA
APPLICANT: